




CERTIFICATE OF VISUAL& NDT AND THOROUGH EXAMINATION

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Client Name:	Aberdeen Technical Service CO.			Job Number:	QC-ATS-01-2024-0002
Date of Examination:	03.01.2024	Location:	ATS Yard	Certificate No:	QC-ATS-01-2024-0002-01
Serial Number:	QTY	Description		SWL	Date of last Thorough examination
MOD70/DL/ F465 MOD70/EU/ F449 MOD70/S1/ F411 MOD70/S2/ F432 MOD70/S0.5/ F240 MOD70/EU/ F450 MOD70/DL/ F466	01 X 7 pcs	MODULAR SPREADER BEAM Modular 70 Spreader Beam with 4.5 m Span consisting of: 2meter Struts- 1 pc (F432) 1meter Struts- 1 pc (F411) 0.5meter Struts- 1 pc (F240) End Unite / 0.5 meter – 2 pcs (F449& F450) Drop Links 2 pcs (F465 & F466) Manufacturer: Modulift MODEL: MOD 70 EC Declaration of Conformity Dated: 04.09.2014		70 Ton @ 4.5 m Span	13.07.2023
Reference Standard:	BS EN 13155:2020				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES	<input type="checkbox"/> NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) VISUAL INSPECTION and MPI CARRIED OUT AND FOUND SATISFACTORY					
IS THIS EQUIPMENT SAFE TO OPERATE?				<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
NDT Equipment Details					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	17-02-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025
NDT procedure					
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection					
Identification of any part found to have a defect and a description of the defect:					
None					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
None					
ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:		
Mohamed Abdalla	Ashraf El-Said		02.07.2024		

REV: 01 Dated: 20 June 2022





Visual & Magnetic Particles Examination Report

Client Name:	Aberdeen Technical Service CO.		Job Number:	QC-ATS-01-2024-0002
Date of Examination:	03.01.2024	Location:	ATS Yard	Certificate No: QC-ATS-01-2024-0002-02
SWL:	Description of the examined equipment			Result
70 ton	MODULAR SPREADER BEAM			Pass
Serial Number	(F432), (F411), (F240), (F449& F450), (F465 & F466)			



NDT Equipment Details					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-11	Due Date	16-02-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025

NDT procedure


Visual and MPI carried out for the above description and found free of surface defects at the time of inspection

Identification of any part found to have a defect and a description of the defect:

None

Particulars of any repair, renewal or alteration required to remedy the defect identified above:

None

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Mohamed Abdalla	Ashraf El-Said		02.07.2024

REV: 01 Dated: 20 June 2022






CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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Client Name:	Aberdeen Technical Service CO.	Job Number:	QC-ATS-01-2024-0002
Date of Examination:	03.01.2024	Location:	ATS Yard
Certificate No:	QC-ATS-01-2024-0002-03		
Serial Number:	QTY	Description	SWL
VC 207 VC 208	02	<p style="text-align: center;">SAFETY PIN BOW SHACKLE</p> <p>MANUFACTURER: LIFTIN GEAR Size: 2 1/2" Grade: 6 Safety Factor: 6:1</p> <p>Fitted with Modular Spreader Beam</p>	55 TON
Date of last thorough examination	13.07.2023		
Reference Standard:	Examined BS EN 13889		
Is this the first examination after Installation or assembly at a new site or location?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE			
Is the above a defect which is of immediate danger to persons:			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)			YES by: _____
Particulars of any repair, renewal or alteration required to remedy the defect identified above:			
Particulars of any tests carried out as part of the examination: (If none state NONE) <i>The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory</i>			
IS THIS EQUIPMENT SAFE TO OPERATE?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Mohamed Abdalla	Ashraf El-Said		02.07.2024

REV: 01 Dated: 20 June 2022






CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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Client Name:	Aberdeen Technical Service CO.	Job Number:	QC-ATS-01-2024-0002
Date of Examination:	03.01.2024	Location:	ATS Yard
Certificate No:	QC-ATS-01-2024-0002-04		
Serial Number:	QTY	Description	SWL
VC 197 VC 202	02	<p style="text-align: center;">SAFETY PIN BOW SHACKLE</p> <p>MANUFACTURER: LIFTIN GEAR Size: 2" Grade: 6 Safety Factor: 6:1</p> <p>Fitted with Modular Spreader Beam</p>	35 TON
Date of last thorough examination	13.07.2023		
Reference Standard:	Examined BS EN 13889		
Is this the first examination after Installation or assembly at a new site or location?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE			
Is the above a defect which is of immediate danger to persons:	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)	YES by: _____		
Particulars of any repair, renewal or alteration required to remedy the defect identified above:			
Particulars of any tests carried out as part of the examination: (If none state NONE) <i>The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory</i>			
IS THIS EQUIPMENT SAFE TO OPERATE?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Mohamed Abdalla	Ashraf El-Said		02.07.2024

REV: 01 Dated: 20 June 2022

